



# SAMPLE TRACKING FORM

Unified State Laboratories: Public Health  
Bureau of Chemical and Environmental Services

4431 S 2700 W Taylorsville, UT 84129-8600

801 965 2400 Fax 801 969 3238

<http://health.utah.gov/lab/chemistry>

- ☐ Hand Delivered  
☐ Shipped Samples  
☐ Cooler Returned

System/Agency Name:		System/Agency Number:		Cost/Project Code:		REQUESTED TESTS					Received Date and Time:			
<b>REPORTING/CONTACT</b>		<b>BILLING (list if different)</b>				EPA Method 546					Receipt temperature	Residual Chlorine for DDW	Sample Receipt Conditions	
Attn: _____		Special Code: _____		Attn: _____									Yes	No
Address: _____		Address: _____		Address: _____									<input type="checkbox"/>	<input type="checkbox"/> Documentation complete
City, State, Zip: _____		City, State, Zip: _____		City, State, Zip: _____									<input type="checkbox"/>	<input type="checkbox"/> Proper containers and in-date
Phone: _____		Phone: _____		Phone: _____									<input type="checkbox"/>	<input type="checkbox"/> Containers intact
Fax: _____		Fax: _____		Fax: _____									<input type="checkbox"/>	<input type="checkbox"/> Within holding time
Email: _____		Email: _____		Email: _____									<input type="checkbox"/>	<input type="checkbox"/> Coolant
Submitted By: _____		Submitted By: _____		Submitted By: _____		Submitted By: _____		Submitted By: _____		Submitted By: _____		<input type="checkbox"/> Temperature within-range		
Submitted By: _____		Submitted By: _____		Submitted By: _____		Submitted By: _____		Submitted By: _____		Submitted By: _____		<input type="checkbox"/> Acceptable pH <input type="checkbox"/> N/A		
<b>COLLECTION POINT DESCRIPTION</b>		<b>Collectors Initials</b>	<b>Collection Date (mm/dd/yy)</b>	<b>Collection Time (24 hr)</b>	<b>Test Strip Results</b>									
Relinquished By:		Date and Time:			Received by:					Date and Time:				
Relinquished to UPHL by:		Date and Time:			Received at UPHL by:					Date and Time:				